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Bib Data Sheet

CONFIRMATION NO. 3455

SERIAL NUMBER 10/791,449	FILING DATE 03/02/2004  RULE	CLASS 359	GROUP ART UNIT 2872	ATTORNEY DOCKET NO. 10030926-1
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None / ac

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None / ac

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/20/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials				

## ADDRESS

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## TITLE

Imaging system with large depth of field

FILING FEE  RECEIVED 806	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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